

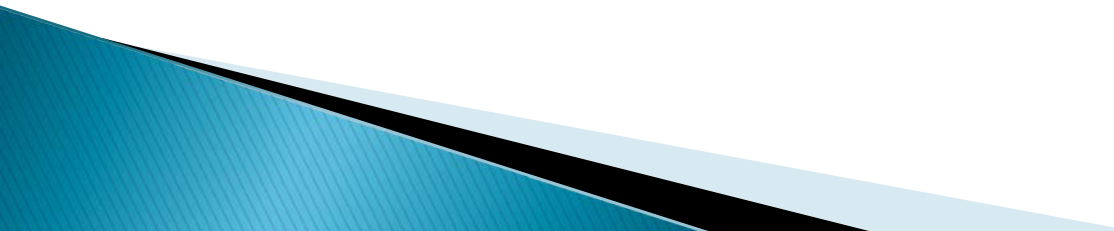
A approaches in Health Promotion / MoH

Prepared by:–
Lubna Sawalha Sader
Director HEPD / MoH

Introduction

- ▶ Until 1994 there had been no substantial efforts made to develop national strategy and programs concerning health promotion and education (HPE) in Palestine.
- ▶ In 1995 ,the MOH established a new division as an integral part of the existing PHC directorate ,for health promotion and education in Gaza Strip, this was followed in 1995 by a similar division for the west Bank.

HEP DEPARTEMENT /2010

- ▶ HEPD was directorate under deputy minister since 1996 until the adoption of new structure of MOH
 - ▶ Now :- under public health & primary health care directorate
- 

- ▶ **Special activities of the department of health promotion and education cover most of the target groups of the Palestinian society .**
- ▶ **The department has approached all available communication routes, including the Palestinian national TV, news papers. and face-to face programs among others Developing skills for the different target groups has been an important task for the department as well.**

✓ The department as well the has been closely cooperating with a wide range of public and other bodies, including PHC and MCH schools, mosques, universities, and the mass media.



Planning Committee

- ▶ The efforts to rationalize HPE efforts started early in 1995 with wide membership[including MoH , UNRWA, other concerned ministries (Education , Youth ,Religion ,Labor ,Information)and non-governmental organizations(NGOs).

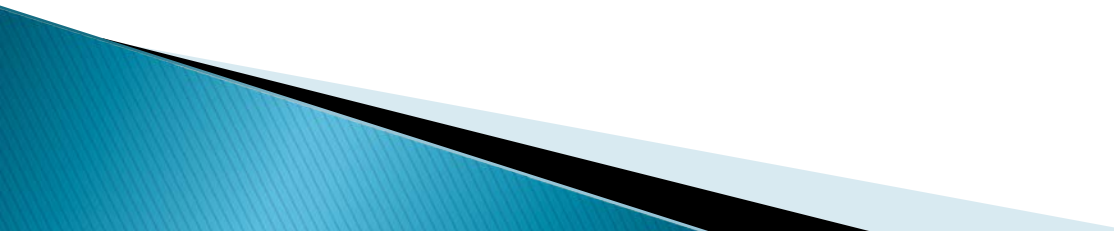
Planning Committee

- ▶ In 1998 ,the committee was expanded to cover the whole area under the Palestinian Authority .
- ▶ The primary task of the committee is to assist in developing and implementing a five–year national plan for health promotion and education .The committee has been working under the following five guiding principles

Guiding principles

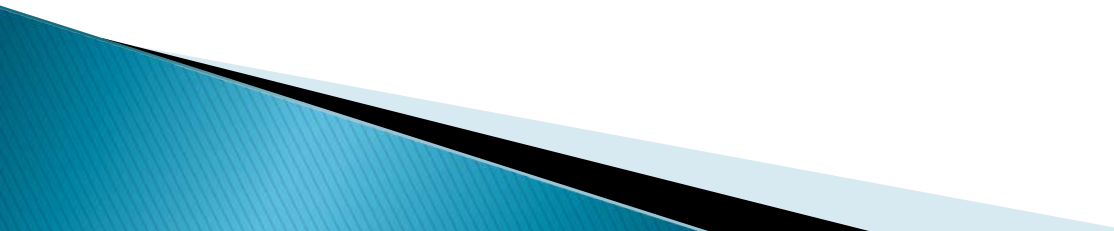
- 1 – Develop a unified concept for health promotion and education in Palestine, in order to build relevant policy in accordance with Palestinian condition and expectations**
- 2– Identify national needs for health promotion and education with systematic updating.**

3– Develop standardized management information systems protocols and national guidelines for health promotion and education.



4–establish national ownership and leadership for health promotion and education

5–Invest in health promotion and education adequate funding for relevant programs.



First conference

First conference for health education and promotion HELD IN 31/10/1998.

Main objective:–

To discuss and agree on the first 5 year national plan

Mission HEPD /according to 1999–2003 National strategic health plan

- ▶ Create a Palestinian institutional ownership of health promotion and education, aiming at reducing the mortality and morbidity among Palestinian people by modifying health related behaviors and life styles through different national programs (e.g. school curricula) and interventions using all available means including mass media .**

Goal HEPD/ according to 1999– 2003 National strategic health plan

- ▶ To promote health of Palestinian people through supporting healthy behaviors and life styles, increase awareness, understanding and commitment at all levels aiming at reducing morbidity and mortality .

National Strategies

- 1–Strengthening the relationships, networking ,and cooperation with other health education and promotion–related programs, including governmental ,non –governmental ,UNRWA and private sector programs at the local, regional and international levels.
- 2–promote Palestinian woman's health including gender equity ,family planning women's empowerment and pre–marriage counseling .
- 3–promote youth and adolescent health including building a health behavior's database for of school age children

- 4–promote healthy life styles in order to reduce the incidence of non–infectious diseases ,especially CVDs ,hypertension ,and diabetes.**
- 5–promote child health including prevention of accidents and injuries ,ARI CCD ,nutritional habits and diseases and dental health.**
- 6–Continue environmental health programs through the Palestinian Healthy Cities and Villages Program**

▪

7– Lobbying and advocacy for health promotion in different health issues.

8–strengthening of the health education departments in the ministry of health and NGOs through supporting, training and capacity building

9–Implement the present course of institutionalization in health education and promotion by strengthening the created MOH department of HPE ,infrastructure and human resource development ,policy formation, regulation and legislation

National Health Promotion and Education Mandate

National strategic plan 1999–2003 /

- ▶ Reproductive health.
- ▶ Chronic diseases
- ▶ Accidents ,injuries
- ▶ Environmental health
- ▶ Childhood disease e.g .(Diarrheal diseases ,acute respiratory infection, congenital and genetic disorders and disabilities) -
- ▶ Nutrition related disorder e.g. (anemia, iodine deficiency)
- ▶ Rational use of drugs
- ▶ Addictive behaviors e.g. (smoking, drugs)
- ▶ Mental health
- ▶ Occupational health
- ▶ Oral health
- ▶ cancer

Main Health Education Programs implemented at district level

- Reproductive Health
- Nutrition
- Environmental health
- Mental health & family relations
- Child hood health
- Dental health
- Chronic diseases
- First Aid & Accidents
- Smoking & Drug Addiction

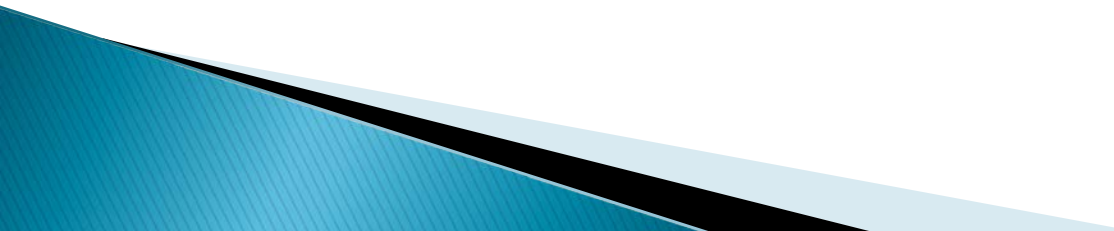
Main Health Education Programs implemented at district level

- ▶ Drug Abuse
- ▶ Communicable diseases
- ▶ Healthy life style
- ▶ Cancer
- ▶ celebration of Healthy Days
- ▶ School health education

Main Health Education Programs implemented at district level

- ▶ Enhance communication & public confidence in health system
- ▶ Activate the role of health workers in health education
- ▶ Activate the role of volunteers at community level in health education

The implementation depends on

- ▶ Priorities of governorates
 - ▶ Emergency situation
 - ▶ Funding of projects
- 

What models or frameworks are these programmes based on?

These activities are based on :

- ▶ BCC
- ▶ IEC
- ▶ Health believe model.
- ▶ Social learning theory

MoH/HEPD implement National health education programs depending on national Health priorities

Target groups of activities :

- ▶ Women
- ▶ Men
- ▶ Students :
- ▶ Patients
- ▶ Local communities

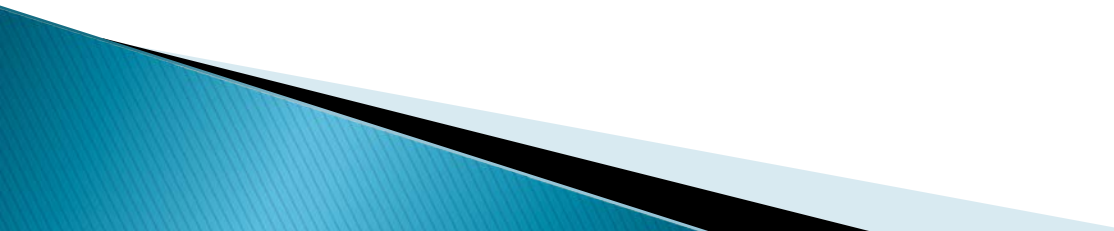
Types of activities implemented

- Lectures/health education meetings
- Theaters shows
- Competitions
- Mass media production
- Healthy days
- Distribution of all types of printed materials
- Activities during summer camps
- Patients counseling

The activities implemented at :-

- ▶ MCH centers
- ▶ CLINICS
- ▶ Community levels
- ▶ Schools
- ▶ Universities
- ▶ Clubs (youth , women) .

How are health education activities financed?

- ▶ H.E activities financed mainly from external support from international agencies according to projects.
 - ▶ Sometimes certain activities are supported by local companies or NGOS.
- 

Co-ordination

- ▶ HEPD co-ordinate with main HE providers at national level through NATIONAL COMMITTEE OF HEALTH EDUCATION & PROMOTION.
- ▶ HEPD member of many committees at national level eg AIDS, BREST FEEDING, SUMMER CAMPS ---ETC.

National guide FOR ALL PRINTED MATERIALS have been produced IN 2004

► تم اعادة تحديث دليل جديد 2009 يحتوي على كل ما انتج وطنيا
بالتعاون مع اللجنة الوطنية للتثقيف والتعزيز الصحي

How is the impact of HE activities being determined, do activities have stated objectives and expected outcomes?

- ▶ Impact by KAP studies if there is fund to do that, or from national survey (Family Health survey) which is conducted by PCBS every 3–4 years or other surveys

HEALTH PROMOTION

- ▶ THE PROCESS OF ENABLING PEOPLE TO INCREASE CONTROL OVER ,AND TO IMPROVE THEIR HEALTH TO REACH A STATE OF COMPLETE PHYSICAL ,MENTAL ,SOCIAL WELL – BEING

Success stories

- ▶ Capacity building :- HEPD SUCCEEDED to target different target groups eg health workers ,health care providers different target groups in community

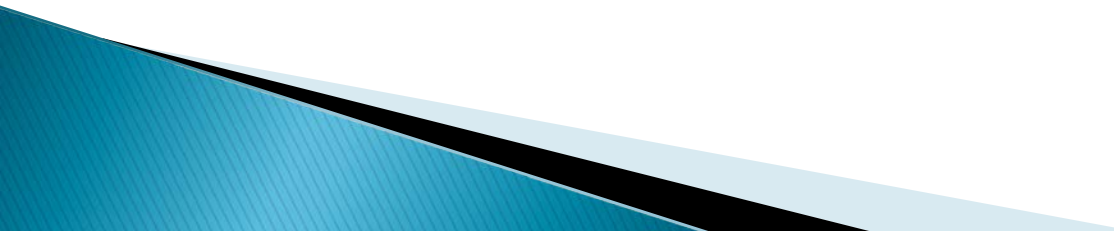
Success stories

Partner ship and co-ordination with

- ▶ municipalities
 - ▶ Media
 - ▶ NGOs
 - ▶ Religious people
- 

Success stories

Advocacy level :

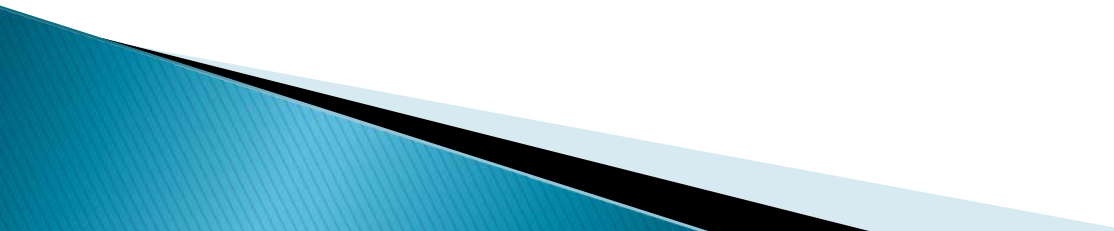
- ▶ Early marriage
 - ▶ Women's rights
 - ▶ Breast feeding
 - ▶ Anti smoking law
- 

2008

Changing of concepts and roles

Health educator=====health education
facilitator

from IEC===== to BCC



National strategic health plan 2008–2010

- ▶ First strategic objective /sub objective
- ▶ Raised awareness toward health issues and healthy practices.
- ▶ Implement advocacy and awareness campaigns through mass media.
- ▶ Develop unified protocols for health education and promotion to be utilized in health services facilities and schools ,health education programmes

National health strategy farm work 2011–2013

National health strategy priorities 2011–2013
Priority(no 3) healthy behaviors

2011–2013 Strategic Action

1. Raise professional & public awareness within framework of health promotion & BCC program strategy
2. Strengthen inter-ministerial, inter-sectoral partnerships & linkages with citizens groups

2011–2013 Strategic Action

3. Develop and implement policy on screening
4. Promote implementation of guidelines and protocols and ensure effective M&E for health promotion activities

Recommendation

- ▶ Continue the co-ordination with health providers in HED through national committee of HEPD

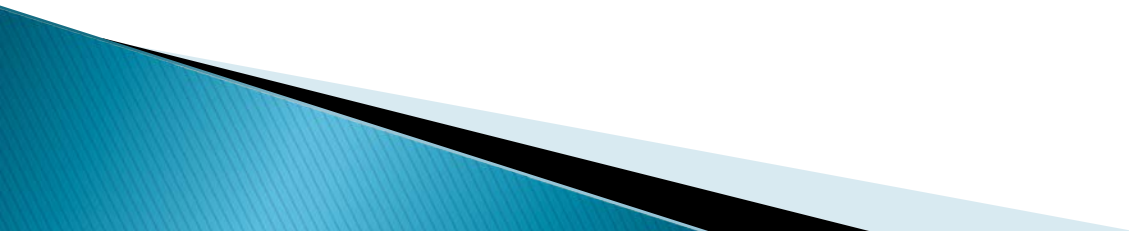
- ▶ **ACTIVATE THE RULE OF MEDIA**

Create mechanism of co-ordinations between donors TO AVIOD DUPLICATION.

Recomendatios

- ▶ More focus in HEALTH EDUCATORS training

Specially at university level



Thanks

